

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 4.19-B
Page 1h

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: February 1, 1991

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and
Treatment of Conditions Found (Continued)

(7) (RESERVED)

(8) The following services that are not otherwise covered under the Arkansas State Plan will
be reimbursed when provided as a result of a Child Health Services (EPSDT)
screening/referral:

a. Case Management Services

Reimbursement for the social and educational components of case
management will be based on the lesser of the billed amount or the Title XIX
(Medicaid) maximum allowable for each procedure. Case management services
are billed on a per unit basis. One unit equals 15 minutes.

STATE	<i>Arkansas</i>	A
DATE REC'D	APR - 4 1991	
DATE APP'D	MAY - 9 1991	
DATE EFF	FEB - 1 1991	
HCFA 179	9/1/91	

Supersedes: 90-51

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 4.19-B
Page 1i

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: July 1, 1991

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and
Treatment of Conditions Found (Continued)

(8) The following services that are not otherwise covered under the Arkansas State Plan will be reimbursed when provided as a result of a Child Health Services (EPSDT) screening/referral (Continued):

a. Case Management (Continued)

The maximum rates are based on a Social Services Worker III, Department of Human Services position, which most closely matches the duties of a case manager as defined in the Targeted Case Management amendment. Cost categories include salary (\$25,480), overhead and administration (\$2,548 -- using salary as the allocation base), benefits (\$5,096 -- using salary as the allocation base), and travel expenses reimbursed at state approved rates associated with case management (average annual mileage of $9,149 \times 0.25$ per mile = \$2,287.25). As such, the targeted case management unit rate is \$4.25 [$\$25,480 + \$2,548 + \$5,096 + \$2,287.25 = \$35,411.25 / 2080$ (52 weeks \times 40 hours per week) = \$17.02. Rounding per diem to the nearest dollar on the basis of:

- . 51 cents or higher, increase to next dollar
- . 50 cents or lower, decrease to next lower dollar

$17.00 / 4 = 4.25$ per 15 minute unit]. These costs are appropriate for other types of case management providers because they encompass the types of duties, overhead costs, and travel costs associated with case managers currently performing the service.

STATE <u>Arkansas</u>	A
DATE REC'D <u>7-29-91</u>	
DATE APP'D <u>12-11-91</u>	
DATE EFF <u>7-1-91</u>	
HCFA 179 <u>91-31</u>	
<u>Supersales: 90-39</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 4.19-B
Page 1j

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: January 1, 1995

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found. (Continued)

(8) The following services that are not otherwise covered under the Arkansas State Plan will be reimbursed when provided as a result of a Child Health Services (EPSDT) screening/referral (Continued):

b. Orthotic Appliances and Prosthetic Devices

The reimbursement methodology for orthotic appliances and prosthetic devices will be based on amount billed not to exceed the Title XIX maximum. The Title XIX maximum is based on the Medicare Fiscal Year 1990 DME fee schedule.

c. Respiratory Care Services

Reimbursement is based on the lesser of the provider's actual charge for the service or the Title XIX (Medicaid) maximum. The Title XIX maximum was established based on a 1990 survey of three Arkansas durable medical companies who employ respiratory therapists. The rate was established by using the median rate obtained by the DME companies.

Effective for claims with dates of service on or after July 1, 1992, the Title XIX maximum rate was decreased by 20%.

STATE <u>Arkansas</u>	A
DATE REC'D <u>DEC 12 1994</u>	
DATE APP'D <u>JAN 17 1995</u>	
DATE EFF <u>JAN 8 1995</u>	
HCFA 179 <u>94-26</u>	

SUPERSEDES: TN

Attachment 4.19-B, Page 1j,
item b, Approved 1-16-92,
TN 91-29 and Attachment
4.19-B, Page 1k, item d,
Approved 6-30-93, TN 92-28

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 4.19-B
Page 1k

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: April 1, 1997

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found. (Continued)

- (8) The following services that are not otherwise covered under the Arkansas State Plan will be reimbursed when provided as a result of a Child Health Services (EPSDT) screening/referral (Continued):

d. Services of Christian Science Nurses

Christian Science nurses are not licensed to practice in the State.

e. Care and Services Provided in Christian Science Sanatoria

There are no Christian Science Sanatoria facilities in the State.

STATE	Arkansas
DATE	6/30/97
DATE	7/24/97
DATE	11/1/97
HCFA 111	97-08
A	

SUPERSEDES: TN - 95-28

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 4.19-B
Page 1L

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: July 1, 1994

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found (Continued)

(9) Dentures

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) maximum charge allowed. The Medicaid maximums were calculated using 80% of the 1992 Blue Shield Fee Schedule.

At the beginning of each calendar year, the State Agency will negotiate with the affected provider group representatives to arrive at a mutually acceptable increase or decrease from the maximum rate. Market forces, such as private insurance rates, medical and general inflation figures, changes in practice costs and changes in program requirements, will be considered during the negotiation process. Any agreed upon increase or decrease will be implemented at the beginning of the following State Fiscal Year, July 1, with any appropriate State Plan changes.

STATE <u>Arkansas</u>	A
DATE REC'D <u>APR 18 1994</u>	
DATE APP'D <u>JUN 23 1994</u>	
DATE EFF <u>JUL 01 1994</u>	
HCFA 179 <u>94-04</u>	

SUPERSEDES: TN - 92-28

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 4.19-B
Page 1m

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised:

July 1, 1994

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found (Continued)

(10) Hearing Aid Dealers

Hearing aid vendors are reimbursed at 68% of retail price. Maintenance and repairs are reimbursed according to the lesser of the amount billed not to exceed a maximum of \$100.00 per repair/maintenance.

(11) Audiologist Services

Reimbursement is based on the lesser of the amount billed or the maximum Title XIX (Medicaid) charge allowed. The Title XIX (Medicaid) maximum is 66% of the Physician's Blue Shield Fee Schedule dated October 1, 1993.

At the beginning of each calendar year, the State Agency will negotiate with the affected provider group representatives to arrive at a mutually acceptable increase or decrease from the maximum rate. Market forces, such as private insurance rates, medical and general inflation figures, changes in practice costs and changes in program requirements, will be considered during the negotiation process. Any agreed upon increase or decrease will be implemented at the beginning of the following State Fiscal Year, July 1, with any appropriate State Plan changes.

(12) Hearing Aids

Reimbursement based on 68% of retail price.

STATE <u>Arkansas</u>	A
DATE REC'D <u>APR 18 1994</u>	
DATE APPV'D <u>JUN 23 1994</u>	
DATE EFF <u>JUL 01 1994</u>	
HCFA 179 <u>92-28</u>	

SUPERSEDES: TN • 92-28

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 4.19-B
Page 1n

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: July 1, 1992

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and
Treatment of Conditions Found (Continued)

(13) Eye Prostheses

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid)
maximum charge allowed. The Medicaid maximum rates were established using the
50th percentile of the 1983 billed charges.

**Effective for claims with dates of service on or after July 1, 1992, the Title XIX
maximum rates were decreased by 20%.**

(14) Ear Molds

Reimbursement is based on the lesser of the amount billed or 68% of the dealer
invoice.

(15) Desensitization Injections

Medicaid will pay a physician's fee up to the Title XIX (Medicaid) maximum for
administering the injection and up to the Title XIX (Medicaid) maximum per vial of
antigen. Refer to Attachment 4.19-B, Page 2, Item 5.

**Effective for claims with dates of service on or after July 1, 1992, the Title XIX
maximum rates were decreased by 20%.**

STATE	<i>Arkansas</i>	A
DATE REC'D	<i>JUL 20 1992</i>	
DATE APPV'D	<i>JUN 30 1993</i>	
DATE EFF	<i>JUL 01 1992</i>	
HCF 179	<i>92-28</i>	

Supersedes

Attachment 4.19-B, Page 1m,
Item (13), approved 1-16-92 and
Attachment 4.19-B, Page 1n,
Items (14) and (15),
approved 1-24-92, TN 91-60

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 4.19-B
Page 10

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: June 1, 1998

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found (Continued)

(16) RESERVED

(17) Psychology Services

Reimbursement is based on the lesser of the amount billed or the maximum Title XIX (Medicaid) charge allowed. Some Medicaid maximums were established at 65% of the Blue Shield customary reflected in their publication dated 10/90. The other Medicaid maximums were established at 50% of the Rehabilitative Services for Persons with Mental Illness (RSPMI) fee schedule per procedure code. Refer to Attachment 4.19-B, Page 5a, Item 13.d.1.

Effective for claims with dates of service on or after July 1, 1992, the Title XIX maximum rates were decreased by 20%.

94-04
~~SECRET~~
Superseded

A	
DATE REC'D	May 24, 1998
DATE APP'D	August 26, 1998
DATE EFF	June 1, 1998
HCEA 179	98-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 4.19-B
Page 1p

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: June 1, 1998

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found (Continued)

(18) Dental Services

- (a) Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) maximum charge allowed.

For the following procedure codes, the Medicaid maximums were calculated using 80% of the 1992 Blue Shield Fee Schedule. Physician procedure codes utilized by dentists are reimbursed at 100% of the Medicare Physician Fee Schedule (Participating Fee) in effect at the beginning of the State Fiscal Year:

00471	07630
01525	07640
02710	07740
04220	09230

For the remaining preventive and restorative procedures, the Medicaid maximum was calculated using 95% of the 1997 Arkansas Blue Shield Dental Fee Schedule.

Orthodontia procedures are reimbursed at 70% of the 1995 Delta Dental Fee Schedule.

(b) Oral Surgeons

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) maximum charge allowed. The Title XIX (Medicaid) maximum is 66% of the Physician's Blue Shield Fee Schedule dated October 1, 1993.

At the beginning of each calendar year, the State Agency will negotiate with the affected provider group representatives to arrive at a mutually acceptable increase or decrease from the maximum rate. Market forces, such as private insurance rates, medical and general inflation figures, changes in practice costs and changes in program requirements, will be considered during the negotiation process. Any agreed upon increase or decrease will be implemented at the beginning of the following State Fiscal Year, July 1, with any appropriate State Plan changes.

STATE <u>Arkansas</u>	A
DATE REC'D <u>May 20, 1998</u>	
DATE APPV'D <u>July 29, 1998</u>	
DATE EFF. <u>June 1, 1998</u>	
HCFA 179 <u>98-07</u>	

SUPERSEDES: TN - 95-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 4.19-B
Page 1q

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: October 1, 1999

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of
Conditions Found (Continued)

(19) Physical Therapy and Related Services

Reimbursement is based on the lesser of the amount billed or the Arkansas Title XIX (Medicaid)
maximum charge allowed.

Physical Therapy - Effective for dates of service on or after **October 1, 1999**, the Arkansas
Medicaid maximum for physical therapy services are based on a court-ordered rate issued by the
United States District Court, Eastern District of Arkansas, Western Division rate and agreed
upon by the Division of Medical Services and representatives of the Arkansas Physical Therapy
Association.

Physical Therapy Assistant - Effective for dates of service on or after **October 1, 1999**, the
Arkansas Medicaid maximum for the assistant is based on 80% of the amount reimbursed to the
licensed therapist.

Listed below are procedure codes and Arkansas Medicaid maximum for physical therapy:

Procedure Code	Description	Maximum Rate
Z2531	Evaluation for physical therapy	\$41.20 per 30 minute unit
Z2532	Individual physical therapy	\$18.13 per 15 minute unit
Z2533	Group physical therapy	\$4.95 per 15 minute unit
Z2529	Individual physical therapy by physical therapy assistant	\$14.50 per 15 minute unit
Z2530	Group physical therapy by physical therapy assistant	\$3.96 per 15 minute unit

At the beginning of each calendar year, Medicaid officials and the Arkansas Physical Therapy
Association or it's successor will arrive at mutually agreeable increase or decrease in
reimbursement rates based on the market forces as they impact on access. Any agreed upon
increase or decrease will be implemented at the beginning of the following state fiscal year, July
1 with any appropriate State Plan changes.

Occupational Therapy - Effective for dates of service on or after **October 1, 1999**, the Arkansas
Medicaid maximum for occupational therapy services are based on a court-ordered rate issued by
the United States District Court, Eastern District of Arkansas, Western Division rate and agreed
upon by the Division of Medical Services and representatives of the Arkansas Occupational
Therapy Association.

Occupational Therapy Assistant - Effective for dates of service on or after **October 1, 1999**, the
Arkansas Medicaid maximum for the assistant is based on 80% of the amount reimbursed to the
licensed therapist.

Arkansas	
DATE RECD	8-3-99
DATE APPVD	9-27-99
DATE EFF	10-1-99
HCE	99-14

A

98-22